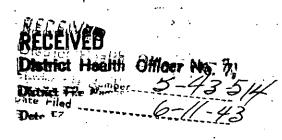
V. S. No. 2 17324 STATE BOARD OF HEALTH OF MISSOURI DEPARTMENT OF COMMERCE OM-5-42 BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH . 5-17-39 Primary Registration District No. 40 40 >1 X3287 Registrar's No. 15 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: Benton (d) State Missouri PERMANENT RECORD .....(b) County\_Benton (a) County..... Cole Camo (b) City or town... (c) City or town Near LakeView Heights (If outside city or town limits, write "RURAL" and nome of township)
(c) Name of hospital or institution: (If outside city or town limits, write "RURAL") Street No. (Ifrural, give location) (If not in hospita) or institution, write street number or location) (d) Length of stay: In hospital or institution..... (e) Citizen of foreign country?..... (Yes or No) 39 Years In this community..... years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT Mrs Percilla Morris 20. DATE OF DEATH: Month May day INK-MAKE A 3. (c) Social Security 3. (b) If veteran. 1943 name war.... No..... 21. I hereby certify that I attended the deceased from Qui 1943, to May 5. Color or Inhite 6. (a) Single, widowed, married, Widowed Female divorced..... that I last saw h an alive on the and that death occurred on the date and libur stated above. 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if Immédiate cause of death. Charley Morris UNFADING BLACK alive.....years Ochusi 7. Birth date of deceased October 30th (Month) (Day) (Year) 8. AGE: If less than one day Years. Months Days 82 Benton County . Missouric (City, town, or county)
At Home (State or foreign country) Other conditions 10. Usual occupation..... (Include pregnancy within 3 months of death) 11. Industry or business. PHYSICIAN Major findings: Of operations... Chism 12. Name..... PLAINLY Underline Missour1 the cause to Benton 13. Birthplace..... which death City town or county) Elorena williams (State or foreign country) should be charged sta-14. Maiden name... ltistically. Benton County Missouri 15. Birthplace..... 22. If death was due to external causes, fill in the following: WRITE (City, town, or county) (State or foreign country) (a) Accident, suicide, or homicide (specify)..... 16. (a) Informant Cole Camp Mo (b) Date of occurrence..... (b) Address.... (c) Where did injury occur?.....(City or town) (b) Date thereof May **3** 1943 Burial (County) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? Cole Camp Cemetery (c) Place: burial or cremation ..... 18. (a) Signature of funeral director & Tr Bireling Cole Camp Mo 19. (a) May, 6-1943 (b) Pauline Harms (Registrar's signature) Date signed...5 (Licensed Embalmer's Statement on Reverse Side)



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	everse side of this c	ertificate was embalmed b	r, v me. or bv	·	
		, Registered Apprent		, ,	
working under my personal supervision.				•	

Signed & L Eickniff

Licensed Embalmer No. 730

Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.